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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☒ Declaration
Submitted
With Initial
Filing
OR
☐ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number GG119.3US
First Named Inventor Carl Risinger

COMPLETE IF KNOWN

Application Number Unassigned
Filing Date August 30, 2001
Group Art Unit Unassigned
Examiner Name Unassigned

EK748827364US

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

DETECTION OF CYP3A4 AND CYP2C9 POLYMORPHISMS

the specification of which (Title of the Invention)

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY) Country	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
0021286.0	GB	08/30/2000	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 3]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label OR ☐ Correspondence address below

Name		
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Address		
City	State	ZIP
Country	Telephone	Fax 617-964-7974

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor


Given Name Carl		Family Name Risinger or Surname	
Inventor's Signature		Date	
Residence: City Uppsala	State	Country Sweden	Citizenship Swedish
Mailing Address Geijersgatan 25C			
Mailing Address			
City Uppsala	State	ZIP SE-752 26	Country Sweden

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name Maria Kristina		Family Name Andersson or Surname	
Inventor's Signature		Date	
Residence: City Uppsala	State	Country Sweden	Citizenship Swedish
Mailing Address Backvagen 14			
Mailing Address			
City Uppsala	State	ZIP SE-756-52	Country Sweden

☒ Additional Inventors are being named on the one supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

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DECLARATION**ADDITIONAL INVENTOR(S)**
Supplemental Sheet
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Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Tommy			Lewander		
Inventor's Signature				Date	
Residence: City	Uppsala	State	Country	Sweden	Citizenship Swedish
Mailing Address Rosenvägen 6					
Mailing Address Same as above					
City	Uppsala	State	ZIP	SE-756-52	Country Sweden
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Erik			Olaissou		
Inventor's Signature				Date	
Residence: City	Uppsala	State	Country	Sweden	Citizenship Swedish
Mailing Address Bonadsvägen 8					
Mailing Address					
City	Uppsala	State	Zip	SE-757 57	Country Sweden
Name of Additional Joint Inventor, if any:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Inventor's Signature				Date	
Residence: City		State	Country		Citizenship
Mailing Address					
Mailing Address					
City		State	Zip		Country

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